# Unit Updates

Missouri Department of Health and Senior Services
Unit of Home Care and Rehabilitative Standards
Volume 04-2 - September 2004

**THIS INFORMATION SHOULD BE DIRECTED TO THE MANAGEMENT STAFF OF YOUR AGENCY**

## STAFFING CHANGES

Our unit regretfully informs the providers that within the past several months two of our surveyors, Betty Williams and Beverly Rex, have resigned from their positions. Both have accepted positions in the private sector and are no longer part of the Unit. We sadly miss their expertise and appreciate all their contributions to the Unit they gave over the years. However, the Unit has a wonderful high-spirited team of surveyors remaining whom are working very diligently to pick up the slack. In addition, Cindy Carver, Debi Hytla and Debbie Kempker, have been working very hard in the office to keep items flowing and processes moving during this extremely busy and trying time for our Unit. With everyone's teamwork, we have managed to keep the ship afloat. Actually the ship is sailing quite efficiently considering all the circumstances. We are all looking forward to less icebergs and more time to enjoy the scenery in the future.

Please be patient as we fill these vacancies. Be assured we will have a new OASIS coordinator within our Unit. Until that position is filled, all calls can be directed to Lisa Coots. However, OASIS questions pertaining to submission and transmission need to be sent to Melissa Hall at 573/522-8421.

On a brighter note, I'm pleased to announce that Kay Payne will be joining our Unit as a surveyor on October 18, 2004. Kay has been a surveyor with Health Facility Regulation for the past 7 years and she has both home health and hospice experience. She will also assist with administrative duties in the office. We are so pleased to have her join our team.

## New Administrator for Bureau of Health Care Oversight

Effective July 30, 2004, Wanda Roling, RN, accepted the position of Administrator of the Bureau of Health Care Oversight in the Section of Health Standards and Licensure. Wanda previously worked in the Unit of Emergency Medical Services.

## Important Reminder

Please remember that any change in the status of your agency needs to be reported to us and a CMS-855 needs to be completed. This would include changes in agency name, address, phone number, administrative personnel, and expansion or reduction of service area or addition of branch offices. For changes in administrator, please submit a copy of the RN license or resume with notification. Some changes require prior approval from both the Federal and State officials. **All requests for changes must be submitted in writing.** This must be a separate request and not just a note included on the license renewal application. Changes cannot be implemented until all the required documents have been completed, the Unit has notified CMS of approval and notification of the approval is received by the agency.

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## OASIS

## OASIS Q&A Has Relocated

CMS announced it has moved the OASIS Q&A, which was previously available on its
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website, to a separate website at: http://www.qtso.com/hhadownload.html.

## Time to Change Pressure Ulcer Coding

Your clinicians will need to be ready to change the way they have been answering OASIS pressure ulcer questions MO440 and MO445. As of September 1, the prior guidance on healed Stage 1 or Stage 2 pressure ulcers to not "reverse stage" no longer applies per CMS.

**What does this mean for your clinicians?**

According to the CMS policy change, during the start-of care or subsequent comprehensive assessments of a patient, if a healed Stage 1 or 2 pressure ulcer is discovered, the OASIS responses are as follows:

- **MO440-Does this patient have a skin lesion or open wound**?

If the patient has a healed Stage 1 pressure ulcer (and no other pressure ulcers OR skin lesions/wounds), the response would be '**No**.'

If the patient has a healed Stage 2 pressure ulcer (and no other pressure ulcers OR skin lesions/wounds), the response may be *either* 'No' or 'Yes' depending on the clinicians' physical assessment of the healed wound site.

- If the patient has no scar tissue formation for the healed Stage 2 pressure ulcer, the accurate response is '**No**.'
- If the patient has some residual scar tissue formation, the response is '**Yes**.'

- **MO445-Does this patient have a pressure ulcer?**

If the patient has a healed Stage 1 or 2 pressure ulcer (and no other pressure ulcers), the accurate response is '**No**', following the skip pattern as indicated.

Also note, reverse staging during the healing process is still not appropriate, CMS advises. A Stage 2 does not progress to a Stage 1; it stays at Stage 2 until it is healed, CMS states.

For healed Stage 3 and 4 pressure ulcers, the OASIS responses remain unchanged:

- For MO440 -- 1, 'Yes' patient has a skin lesion.
- MO445 – 1, 'Yes,' patient has a pressure ulcer.
- MO450 and 460 – appropriate stage when ulcer was deepest.
- MO464 – 1, fully granulated (currently best response).

## Spiritual Counselor Defined

Additional information regarding the Clinical Pastoral Education (CPE) can be found on our website at: http://www.dhss.state.mo.us/Home_Health/Spiritualcounselor.pdf

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# HOME HEALTH

## Home Health Aide Competency Evaluation Has Been Revised

We have revised the home health aide competency exam so that each section can be scored. In order for the home health aide to have a satisfactory rating, he/she must have answered nine of the thirteen correctly for section I and three of five questions correctly for each of the other sections of the written exam. See the attached, revised home health aide competency exam and evaluation.

## Physician's Rubber Stamp Signature is Acceptable

Effective immediately, home health agencies (HHAs) and hospices may accept a physician's rubber stamp signature for their clinical record documentation if this is permitted by Federal, state, and local law and authorized by the HHA's and hospice's policy.

A HHA or hospice that accepts a physician's rubber stamp signature must obtain a signed statement from the physician attesting that he/she is the only one who has the stamp and uses it.
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The Missouri Board of Healing Arts finds this an acceptable practice.

The Bureau of Narcotics and Dangerous Drugs finds the practice to be acceptable for plans of care and orders to administer medications, including controlled substances. This would be the case if a facility had a stock of a medication. If an "order" is to be used as a prescription for a controlled substance, then that order must have an original signature of the prescriber (who must be an individual with independent controlled substance authority) -- the signature stamp may not be used.

This directive **doesn't** apply to outpatient physical therapy providers as clarified with CMS.

## Services Offered at Expansion Area and Branch

In home health, all services that are offered at the parent must also be offered at any expansion territory of the parent and any branch locations.

## Providing Home Health Aide Services

If on the OASIS assessment it is documented the patient needs assistance with activities of daily living and there is no home health aide seeing the client, this will bring up a big red flag to the surveyors.

If the patient is receiving assistance with activities of daily living from other resources, this information needs to be included in the chart documentation. If a patient already has an in-home care provider giving personal care and he/she doesn't care who provides the service, we expect to see the home health agency sharing in providing those services.

## Can LPNs Take Verbal Orders?

The LPN can take verbal orders; however, the RN must co-sign. The LPN cannot initiate an order without consulting with the RN first unless it is an emergency. For instance, if the LPN was in the home and received a telephone order from the physician to change the wound treatment, he/she would need to talk with the RN prior to providing this change of treatment. We will look for documentation of communication between the RN and LPN. It is the RN's responsibility to make any revisions to the patient's plan of care based on that order.

## Medicare Rules for Daycare Settings

Medicare rules for children daycare settings are different from adult daycare settings. Children can receive their home health services at the daycare but adults cannot.

## Reporting Disputed Transfers of Home Health Beneficiaries

Previously when a home health agency reported a disputed transfer of a beneficiary to a different home health agency, they contacted a CMS Customer Service Representative for assistance or they called our unit's hotline to report. Now effective August 1, 2004, this information will no longer be accepted over the telephone. Providers will be required to submit the Notification of Disputed HHA Transfer form which can be found on the website at: http://www.iamedicare.com/Provider/newsroom/newshome.htm

Select the Forms link on the left-hand side of the page and scroll down to the list of Billing forms.

## Clarification of Timing Requirements for Conducting the Comprehensive Assessment

CMS has sent a directive (S&C-04-45) dated September 9, 2004 clarifying that HHAs may develop their own comprehensive assessment for each required time point under the regulations at 42 CFR 484.55 for pediatric patients, maternity

patients and those patients receiving personal care services only regardless of payor source. The assessment may be performed any time up to and including the 60th day from the most recent completed assessment.

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# HOSPICE

## Determination of Frequency of Baths for Hospice Patients that are Facility Residents

Our surveyors would expect the facility to provide the frequency of baths that it normally would, and the hospice to provide personal care to supplement this if the resident needed more frequent bathing. So if the facility standard is to provide several baths per week, that would be what the facility would provide to the patient residing there, and the hospice would provide additional baths if needed to meet the patient's increased needs.

## Clarification of ML151

The surveyors must find documentation in the hospice chart stating the plan of care was placed in the hospital or nursing home chart.

## Clarification of ML224

When the hospice notes in the patient's record that information was shared with the family regarding the disposition of medications and the family does not dispose of the medication; the hospice is no longer responsible if the medication is misused.

## Interdisciplinary Group Members may Participate by Telephone Conference

Regulation requires that social services must participate in the development, implementation and revision of the patient's plan of care. This input by the interdisciplinary group members may be provided by telephone conference rather than in person. Refer to Centers for Medicare and Medicaid Services (CMS) Transmittal 15. This transmittal can be found under the FILE name R15BP on the CMS website at: http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp?

## Nurse Practitioners as Attending Physicians in the Medicare Hospice Benefit

According to the Medicare Prescription Drug Improvement and Modernization Act of 2003, nurse practitioners are allowed to serve as attending physicians for hospice patients in place of a MD or DO.

Nurse practitioners cannot certify a terminal diagnosis or the prognosis of six months or less, if the illness or disease runs its normal course, or re-certify terminal diagnosis or prognosis. In the event that a beneficiary's attending physician is a nurse practitioner, the hospice medical director and/or physician designee may certify or re-certify the terminal illness.

## MSW can have patient sign election statement

The MSW can explain hospice and have the patient sign the election statement on day 1 and the nurse can complete the assessment the next day.
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